

## Abstract 120

**TITLE:** Protection from STD, HIV/AIDS, and Unintended Pregnancy Implications: For Multiple Method Use

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**OBJECTIVE:** To identify psychosocial antecedents and behavioral outcomes associated with the use of dual methods of contraception (i.e., a condom plus one other method).

**METHODS:** 1,050 sexually active women reported attitudes toward pregnancy/STD, sexual behaviors, STI history, and were asked to rate condom attributes on 2 1-point scales, ranging from extremely *bad* to *extremely good*. Participants were also tested for *C trachomatis* and *T vaginalis*.

**RESULTS:** In the month before interview, 469 reported using only condoms, 163 dual use, and 418 no condom use. Although similar in sexual risk behavior and the prevalence/history of STD, dual users were less likely to report consistent condom use (18%) than condom only users (31%). Groups differed in the importance afforded pregnancy prevention; dual users placed higher importance on pregnancy prevention than did either the condom only or no condom groups ( $p < .05$ ); there were, however, no group differences with respect to disease prevention importance. In multivariate analysis, groups differed on condom attributes:

	Grand Men	Dual Use	No Condom Use	Condom Only
Ability to prevent pregnancy	5.88 (4.93)	6.51 (4.31) <sup>a</sup>	5.43 (5.16) <sup>a,b</sup>	6.06 (4.91)
Ability to prevent disease	7.46 (4.65)	7.86 (4.48)	7.10 (4.96)	7.64 (4.41)
Effect on sexual enjoyment	1.83 (6.97)	2.73 (6.70) <sup>a</sup>	0.52 (7.11) <sup>a,b</sup>	2.69 (6.76) <sup>b</sup>
Ability to use	6.56 (5.33)	8.06 (3.14) <sup>a</sup>	5.46 (6.11) <sup>a,b</sup>	7.01 (4.99) <sup>b</sup>
Partner's attitude	0.50 (7.67)	1.73 (7.36) <sup>a</sup>	-1.11 (7.52) <sup>a,b</sup>	1.52 (7.67) <sup>b</sup>

(\*Similar superscripts indicate statistically significant mean differences across groups.)

**CONCLUSIONS.** Interventions should be targeted to address the unique beliefs that drive condom use behavior among non-users, condom only users, and dual users, with special consideration of the integration of family planning concerns with STD/HIV prevention.

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